Under the Paperwork Raduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).					
I hereby appoint:					
✓ Pract	itioners associated with the Customer Number:	75671			i
OROR					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
	Name	Registration (2) Number	N	ame	Registration Number
		<u></u>		······································	
	· · · · · · · · · · · · · · · · · · ·				
 -			 		
<u> </u>					
as allomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection v					
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents estached to this form in accordance with 37 CFR 3.73(b).					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:					
The address associated with Customer Number.					
OR					
Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		
Assignee Name and Address: Prom KS Mgmt Limited Liability Company					
2711 Centerville Rd, Suite 400					
Wilmington, Delawate 19808					
United States of America					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be					
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					
SIGNATURE of Assignee of Record					
The individual whose signature and title is supplied below is authorized to act on behalf of the assignce					
Signature	may briety			Date July 24	2007
Name	Angle Smith	······································		Telephone	
Tille	Authorized Person for Prom KS Mgmt Limited Liability Company				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or ratein a banefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 attributes to complete, including gainering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patant and Trademork Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3,73(b)(2)(ii)

I, Angie Smith (whose title is supplied below), hereby declare that I am authorized to sign on behalf of Prom KS Mgmt Limited Liability Company.

| Mage | Smith | Angie Smith | Authorized Person for Prom KS Mgmt Limited Liability Company

Date_